



## 2017 Formulary Changes – Year to Date

Health Choice Arizona may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, and/or move a drug at a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary.

**This table shows requirement and limit changes that have been removed from the 2017 Health Choice Arizona Formulary.**

Name of Drug	Description of Change	Alternative Drug*	Effective Date
FENTANYL 37.5 MCG/HR; 62.5MCG/HR; 87.5MCG/HR PATCH	Removed – Non-formulary	FENTANYL 12.5MCG/HR; 25MCG/HR, 50MCG/HR; 75MCG/HR; 100MCG/HR PATCH Prior Authorized Required	01/01/2017
METHADONE TAB, SOLN	Removed – Non-formulary	Butrans patches, Embeda, Hysingla, Morphine Sulfate ER tab, OxyContin Prior Authorized Required	01/01/2017
MORPHINE SULFATE ER TAB	Prior Authorization added	Butrans patches, Embeda, Hysingla, OxyContin Prior Authorized Required	01/01/2017
MORPHINE SULFATE ER CAP	Removed – Non-formulary	Butrans patches, Embeda, Hysingla, Morphine Sulfate ER tab, OxyContin Prior Authorized Required	01/01/2017



This table outlines the upcoming negative changes to our formulary that may impact you.

Name of Drug	Description of Change	Alternative Drug*	Effective Date
TAMIFLU CAP	Removed – Generic Available	Oseltamavir	12/01/2016
ZETIA	Removed – Generic Available	Ezetimibe	12/01/2016
TESTIM	Removed – Generic Available	Testosterone transdermal gel 1%	12/01/2016
OXYMORPHONE HCL ER TAB	Removed – Non-formulary	Butrans patches, Embeda, Hysingla, Morphine Sulfate ER tab, OxyContin Prior Authorized Required	01/01/2017
TRAMADOL HCL ER TABLET	Removed – Non-formulary	Tramadol	01/01/2017
NUTROPIN AQ	Removed – Non-formulary	Genotropin, Norditropin Prior Authorized Required	01/01/2017
MORPHINE SULFATE ER CAP	Removed – Non-formulary	Butrans patches, Embeda, Hysingla, Morphine Sulfate ER tab, OxyContin Prior Authorized Required	01/01/2017
TRUVADA	Prior Authorization added	abacavir sulfate-lamivudine, abacavir-lamivudine-zidovudine, Atripla, Complera, Descovey, Evotaz, Genvoya, lamivudine-zidovudine, Kaletra, Odefsey, PrezcoBix, Stribild	01/01/2017



Name of Drug	Description of Change	Alternative Drug*	Effective Date
FREESTYLE LITE TEST, FREESTYLE TEST, PRECISION XTRA BLOOD GLUCOSE	Quantity Limit changed to: 500 per 90 days for members using insulin and 200 per 90 days for members not using insulin	NA	01/01/2017
KALETRA ORAL SOLUTION	Removed – Generic available	Lopinavir-ritonavir	3/24/17
APLENZIN TABLET EXTENDED RELEASE 24 HR* 174MG, 348 MG, 522 MG	Removed – Non-formulary	Bupropion hcl er (xl)	04/01/2017
VENLAFAXINE HCL ER TABLET EXTENDED RELEASE 24 HR* 37.5 MG, 75 MG, 150 MG, 225 MG	Removed – Non-formulary	Venlafaxine hcl capsule xtended release 24 hour	04/01/2017
FLUOXETINE TABLET	Removed – Non-formulary	Fluoxetine capsule	04/01/2017
TEMAZEPAM CAPSULE 7.5 MG, 22.5 MG	Removed – Non-formulary	Temazepam 15 mg, 30 mg	04/01/2017
NITROGLYCERIN AEROSOL, SOLUTION 400 MCG/SPRAY	Removed – Non-formulary	NITROSTAT	04/01/2017
NITROGLYCERIN SOLUTION 0.4 MG/SPRAY	Removed – Non-formulary	NITROSTAT	04/01/2017
AMIODARONE HCL TABLET 400 MG	Removed – Non-formulary	Amiodarone hcl tablet 100 mg, 200 mg	04/01/2017
FENOFIBRATE TAB 120 MG	Removed – Non-formulary	Fenofibrate tablet 48 mg, 54, mg 145 mg, 160 mg	04/01/2017
FENOFIBRATE MICRONIZED CAPSULE 43 MG, 130 MG	Removed – Non-formulary	Fenofibrate micronized capsule 67 mg, 134 mg, 200 mg	04/01/2017



Name of Drug	Description of Change	Alternative Drug*	Effective Date
FENOFIBRATE CAPSULE 150MG	Removed – Non-formulary	Fenofibrate tablet 48 mg, 54, mg 145 mg, 160 mg	04/01/2017
NIACIN ER (ANTIHYPERLIPIDEMIC) TABLET EXTENDED RELEASE* 500 MG, 750 MG, 1000 MG	Removed – Non-formulary	Niacin er capsule extended release, niacin er tablet extended release 250 mg, 500 mg, 750 mg, 1,000 mg	04/01/2017
BENZAEPRIIL- HYDROCHLOROTHIAZIDE TABLET	Removed – Non-formulary	Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril sodium-hctz, Lisinopril-hydrochlorothiazide, Moexipril-hydrochlorothiazide, Quinapril-hydrochlorothiazide	04/01/2017
METFORMIN HCL (OSM) TABLET EXTENDED RELEASE 24 HR*	Removed – Non-formulary	Metformin hcl er	04/01/2017
METFORMIN HCL (MOD) TABLET EXTENDED RELEASE 24 HR*	Removed – Non-formulary	Metformin hcl er	04/01/2017
MESALAMINE-CLEANSER KIT 4 GM	Removed – Non-formulary	Mesalamine rectal	04/01/2017
DENA VIR CREAM 1 %	Removed – Non-formulary	Acyclovir external	04/01/2017
ERY-TAB TABLET DELAYED RELEASE 250 MG, 333 MG	Removed – Non-formulary	Azithromycin, Clarithromycin	04/01/2017



Name of Drug	Description of Change	Alternative Drug*	Effective Date
ERYTHROMYCIN BASE CAPSULE DELAYED RELEASE PARTICLES 250 MG	Removed – Non-formulary	Azithromycin, Clarithromycin	04/01/2017
ERYTHROMYCIN BASE TABLET 250 MG, 500 MG	Removed – Non-formulary	Azithromycin, Clarithromycin	04/01/2017
ERYTHROMYCIN STEARATE TABLET 250 MG	Removed – Non-formulary	Azithromycin, Clarithromycin	04/01/2017
ERYTHROMYCIN ETHYLSUCCINATE TABLET 400 MG	Removed – Non-formulary	Azithromycin, Clarithromycin	04/01/2017
DOXYCYCLINE HYCLATE TABLET DELAYED RELEASE 75 MG, 100 MG, 150 MG	Removed – Non-formulary	Doxycycline hyclate capsule, doxycycline hyclate tablet, doxycycline monohydrate capsule 50mg, 100 mg, 150 mg	04/01/2017
DOXYCYCLINE MONOHYDRATE CAPSULE 75 MG	Removed – Non-formulary	Doxycycline hyclate capsule, doxycycline hyclate tablet, doxycycline monohydrate capsule 50mg, 100 mg, 150 mg	04/01/2017
DOXYCYCLINE MONOHYDRATE TABLET 50 MG, 75MG, 100MG	Removed – Non-formulary	Doxycycline hyclate capsule, doxycycline hyclate tablet, doxycycline monohydrate capsule 50mg, 100 mg, 150 mg	04/01/2017
MINOCYCLINE HCL TABLET 50 MG, 75MG, 100 MG	Removed – Non-formulary	Minocycline hcl oral capsule	04/01/2017
MINOCYCLINE HCL TABLET EXTENDED RELEASE 24 HR* 45 MG, 95 MG, 135 MG	Removed – Non-formulary	Minocycline hcl oral capsule	04/01/2017



Name of Drug	Description of Change	Alternative Drug*	Effective Date
TETRACYCLINE HCL CAPSULE	Removed – Non-formulary	Doxycycline hyclate capsule, doxycycline hyclate tablet, doxycycline monohydrate capsule 50mg, 100 mg, 150 mg	04/01/2017
NARATRIPTAN HCL TABLET	Removed – Non-formulary	Rizatriptan, Sumatriptan	04/01/2017
CYCLOBENZAPRINE HCL TABLET 7.5 MG	Removed – Non-formulary	Baclofen, Chlorzoxazone tablet 500 mg, Cyclobenzaprine hcl tablet 5 mg, 10 mg, Tizanidine hcl tablet	04/01/2017
TIZANIDINE HCL CAPSULE	Removed – Non-formulary	Baclofen, Chlorzoxazone tablet 500 mg, Cyclobenzaprine hcl tablet 5 mg, 10 mg, Tizanidine hcl tablet	04/01/2017
DIFLORASONE DIACETATE CREAM, OINTMENT	Removed – Non-formulary	Amcinonide, Betamethasone dipropionate aug crm, Fluocinonide crm, Triamcinolone acetone crm	04/01/2017
DESOXIMETASONE CREAM, GEL, OINTMENT	Removed – Non-formulary	Amcinonide, Betamethasone dipropionate aug crm, Fluocinonide crm, Triamcinolone acetone crm	04/01/2017
CORDRAN TAPE 4 MCG/SQCM EXTERNAL	Removed – Non-formulary	Betamethasone dipropionate aug, Fluocinonide crm, Halobetasol propionate	04/01/2017
LIDOCAINE HCL CREAM, GEL, LOTION 3%	Removed – Non-formulary	Lidocaine hcl gel 2%, Lidocaine cream 4%, Lidocaine ointment 5%	04/01/2017



Name of Drug	Description of Change	Alternative Drug*	Effective Date
LIDOCAINE-HYDROCORTISONE ACE KIT 3-2.5 %, 3-0.5 %, 3-1 %	Removed – Non-formulary	Lidocaine-hydrocortisone ace rectal cream, Lidocaine-hydrocortisone ace rectal kit 2-2 %	04/01/2017
LIDOCAINE OINTMENT 5 %	Prior Authorization added. Quantity Limit added 50 GM per 30 Days	Lidocaine hcl gel 2%, Lidocaine cream 4%,Lidocaine 5% ointment	04/01/2017
METRONIDAZOLE GEL 1 %	Removed – Non-formulary	Metronidazole gel 0.75 %, Metronidazole cream, Metronidazole lotion	04/01/2017
AZELASTINE HCL SOLUTION 0.15 % NASAL	Removed – Non-formulary	azelastine hcl nasal solution 0.1 %	04/01/2017
XOLIDO CREAM 2%, XOLIDO XP CREAM 4%	Removed – Non-formulary	Lidocaine hcl gel 2%, Lidocaine cream 4%, Lidocaine 5% ointment	04/01/2017
METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL CAP	Removed – Non-formulary	Methenamine hippurate, Methenamine mandelate tablet 1 gm, Ur n-c, Ustell	04/01/2017
METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81	Removed – Non-formulary	Methenamine hippurate, Methenamine mandelate tablet 1 gm, Ur n-c, Ustell	04/01/2017
CLOBETASOL PROPIONATE CREAM, GEL, OINTMENT	Quantity Limit added 60 GM per 30 Days	Fluocinonide crm, Halobetasol propionate	04/01/2017
CLOBETASOL PROPIONATE FOAM	Quantity Limit added 100 ML per 30 Days	Fluocinonide crm, Halobetasol propionate	04/01/2017
CLOBETASOL PROPIONATE LOTION	Quantity Limit added 118 ML per 30 Days	Fluocinonide crm, Halobetasol propionate	04/01/2017



Name of Drug	Description of Change	Alternative Drug*	Effective Date
BETAMETHASONE DIPROPIONATE AUG GEL, OINTMENT 0.05 %	Quantity Limit added 50 GM per 30 Days	Fluocinonide crm, Halobetasol propionate	04/01/2017
FLUOCINONIDE GEL, OINTMENT 0.05 %	Quantity Limit added 60 GM per 30 Days	Amcinonide, Triamcinolone acetonide crm	04/01/2017
BACITRACIN OINTMENT 500 UNIT/GM OPHTHALMIC	Quantity Limit added 3.5 GM per 7 Days	Bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm, Bacitra- neomycin-polymyxin-hc	04/01/2017
TOBRADEX OINTMENT 0.3- 0.1 % OPHTHALMIC	Quantity Limit added 3.5 GM per 7 Days	Tobramycin ophthalmic, Tobramycin-dexamethasone solution	04/01/2017
TAMIFLU SUSPENSION 6 MG/ML	Quantity Limit changed to 60 per 365 Days	NA	04/01/2017
STIVARGA TABLET	Prior Authorization added	NA	04/01/2017
MINITRAN DIS 0.1MG/HR, 0.2MG/HR, 0.4MG/HR, 0.6MG/HR	Removed – Non-formulary	Nitroglycerin TD Patch 24HR 0.1 MG/HR, 0.2MG/HR, 0.4MG/HR, 0.6MG/HR	04/01/2017
XIFAXAN TABLET 200 MG (30 COUNT BOTTLE)	Removed – Non-formulary	Xifaxan 200 mg tablet (100, 60, 42 count bottle)	04/01/2017
CLINDAGEL GEL 1 %	Removed – Non-formulary	Clindamycin Phosphate Gel 1%	04/01/2017
ANALGESICS - OPIOIDS	Prior Authorization added for Day Supply Greater than 7	NA	04/01/2017





Name of Drug	Description of Change	Alternative Drug*	Effective Date
SELZENTRY	Prior Authorization Added	Sustiva	04/01/17
HYDROCHLOROTHIAZIDE 12.5 MG CAP	Removed – Non-formulary	Hydrochlorothiazide 25 mg tablet	04/01/17



This table outlines the upcoming positive changes to our formulary that may impact you.

Name of Drug	Description of Change	Alternative Drug*	Effective Date
OSELTAMIVIR	Addition to Formulary	NA	12/01/2016
EZETIMIBE	Addition to Formulary	NA	12/01/2016
TESTOSTERONE TRANSDERMAL GEL 1%	Addition to Formulary	NA	12/01/2016
MAKENA 250 MG/ML VIAL	Addition to Formulary with Prior Authorization	NA	01/01/2017
HYSINGLA ER	Addition to Formulary with Prior Authorization & Quantity Limit	NA	01/01/2017
EMBEDA ER CAP	Addition to Formulary with Prior Authorization & Quantity Limit	NA	01/01/2017
GENVOYA	Removed Prior Authorization	NA	01/01/2017
TRIUMEQ	Removed Prior Authorization	NA	01/01/2017
EVOTAZ	Addition to Formulary	NA	01/01/2017
DESCOVY	Addition to Formulary	NA	01/01/2017
PREZCOBIX	Addition to Formulary	NA	01/01/2017
VITEKTA	Addition to Formulary	NA	01/01/2017



Name of Drug	Description of Change	Alternative Drug*	Effective Date
ODEFSEY	Addition to Formulary	NA	01/01/2017
LIDOCAINE CREAM 4%	Addition to Formulary	NA	04/01/2017
BYDUREON PEN & VIAL	Addition to Formulary with Prior Authorization	NA	07/01/2017
KOMBIGLYZE XR	Addition to Formulary with Prior Authorization	NA	07/01/2017
ONGLYZA	Addition to Formulary with Prior Authorization	NA	07/01/2017